

# **TB Web Application LTBI Registry Training Schedule 2008**

Each class is offered in a single day beginning at 9:00 and ending by 3:00. Class size is limited. To apply for a class, please complete the [Tuberculosis Access Form](#) and fax it to (573) 526-0234. If you have questions or need directions to any of the facilities, please email the Web TB Administrator at [WebTBAdministrator@dhss.mo.gov](mailto:WebTBAdministrator@dhss.mo.gov) or call (573) 751-6113.

## **CENTRAL REGION – Jefferson City**

Training Location: Department of Health and Senior Services Technical Training Room, 920 Wildwood Drive, Jefferson City, MO 65109

<b>Date</b>	<b>Open / Closed / Completed / Canceled</b>
Thursday, June 12, 2008	Open
Wednesday, December 3, 2008	Open

## **CENTRAL REGION - Macon**

Training Location: Northeastern District Office, 708 Patton Street, Macon, MO 63552

<b>Date</b>	<b>Open / Closed / Completed / Canceled</b>
Wednesday, April 16, 2008	Canceled
Tuesday, June 17, 2008	Open
Wednesday, October 15, 2008	Open

## **EASTERN REGION**

Training Location: Eastern District Office, 220 South Jefferson, St Louis, MO 63103

<b>Date</b>	<b>Open / Closed / Completed / Canceled</b>
Thursday, February 21, 2008	Canceled
Friday, March 21, 2008	Canceled
Tuesday, May 6, 2008	Canceled
Wednesday, August 27, 2008	Open

## NORTHWEST REGION

Training Location: Northwestern District Office, 3717 Whitney, Independence, MO 64055

Date	Open / Closed / Completed / Canceled
Thursday, March 6, 2008	Canceled
Friday, June 6, 2008	Open
Wednesday, September 24, 2008	Open

## NORTHWEST REGION – CAMERON

Training Location: Cameron Area Health Office, 207 East McElwain, Cameron, MO 64429

Date	Open / Closed / Completed / Canceled
Thursday, January 17, 2008	Closed
Wednesday, April 9, 2008	Canceled
Thursday, June 5, 2008	Open

## SOUTHEAST REGION

Training Location: Southeastern District Office, 2875 James Blvd, Poplar Bluff, MO 63901

Date	Open / Closed / Completed / Canceled
Wednesday, January 23, 2008	Canceled
Wed & Thursday, March 12 & 13, 2008	Canceled
Tuesday, May 13, 2008	Open
Thursday, July 17, 2008	Open

## SOUTHWEST REGION

Training Location: Southwestern District Office, 149 Park Central Square, Suite 116, Springfield, MO 65806

Date	Open / Closed / Completed / Canceled
Wednesday, February 27, 2008	Closed
Wednesday, May 21, 2008	Open
Thursday, November 20, 2008	Open



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
TUBERCULOSIS CONTROL  
P.O. Box 570, Jefferson City, MO 65101-0570  
Telephone: (573) 751-6411 FAX: (573) 526-0234  
TUBERCULOSIS USER ACCESS REQUEST

OIS Use Only

TRAINING LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE PRINT

IDENTIFYING INFORMATION

Name (Last, First, MI)	Agency/Division/Center *
Office Address (Street, City, Zip)	
Social Security Number	Office Telephone
E-Mail Address	Office Fax

ACTION REQUESTED

<input type="checkbox"/> ADD USER	<input type="checkbox"/> DELETE USER	<input type="checkbox"/> NAME CHANGE _____	OIS Use Only
<input type="checkbox"/> ADD ACCESS	<input type="checkbox"/> DELETE ACCESS	<input type="checkbox"/> TRANSFER	

Choose one of the following types of access:

☐ Access to enter, view and maintain Demographic and Tuberculosis Infection information (TB\_UPDATE)

☐ Access to only view Demographic and Tuberculosis Infection information (TB\_VIEW)

Additional access:

☐ Access to identify Tuberculosis Infection information for Quality Assurance (TB\_QA)  
(Reserved for DHSS staff only)

\*Identify agencies where you enter data:

COMMENTS:

SECURITY STATEMENT/APPROVALS

I, the undersigned, an employee of the State of Missouri or authorized user of Department data, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources which, by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension, (2) civil court and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

USER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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Department Use Only			
TB PROGRAM SECURITY OFFICER SIGNATURE	DATE	TB PROGRAM SECURITY OFFICER SIGNATURE	DATE
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